

2019 Adat Reyim Preschool & Summer Camp

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL & PHOTO RELEASE

summercamp@adatreyim.org | arpreschool.com | (703) 455-7529 (PLAY)

COMPLETE ONE FORM PER CHILD

Child's Name: _____

Pickup List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Best Phone Number _____

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Emergency Medical Release & Medical Insurance Information

In the event I cannot be reached in an emergency, I hereby give permission to the Adat Reyim staff to seek medical treatment at the nearest medical facility. I understand that I am responsible for medical expenses incurred by my child (circle one). Yes No

I agree to inform Adat Reyim within 24 hours if my child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening) (circle one). Yes No

Medical Insurance Provider _____ Subscriber Name _____

Policy Number _____ Medical Provider Phone _____

Allergies and Medications

No Known Allergies (circle one): Yes No

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

If yes, a Medication Consent Form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies), then please contact the Camp Director.

Note: Adat Reyim camp staff cannot apply diaper ointment or sunscreen.

Photo Release

Photos are taken throughout the day by our staff to be displayed in or school and synagogue newsletters and on our website. These images document the learning that takes place while your child is in our care. The publication of photographs documents what we do in early childhood education. Children's names or personal information is NEVER used with any images.

Initial

I give permission for Adat Reyim to use my child's image.

Initial

I do not give permission for Adat Reyim to use my child's image.

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE DROP OFF RELEASE FORM TO ADAT REYIM PRESCHOOL

6500 Westbury Oaks Court | Springfield, VA 22152 | Office: (703)455-7529 | arpreschool.com

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